

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5728

BIRTH NO.		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 5950		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gazette <i>Harvard Twp</i> LENGTH OF STAY (in this place) 42 years				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gazette <i>Harvard Twp</i> 68 1/2			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) SARAH		b. (Middle) E.		c. (Last) ERNST	
4. DATE OF DEATH		Feb. 17, 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married		8. DATE OF BIRTH Feb. 23, 1875		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife				Mexico, Mo.		U.S.A.	
13a. FATHER'S NAME George Baley		13b. MOTHER'S MAIDEN NAME Martha Simmons		14. NAME OF HUSBAND OR WIFE Henry Ernst			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Lund, R. #1, Robinson, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 12 1950</i> , to <i>Feb 17 1950</i> , that I last saw the deceased alive on <i>Feb 15 1950</i> , and that death occurred at <i>6:30 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>L. H. Hirsch M.D.</i>		(Degree or title)		23b. ADDRESS <i>Middleton, Mo.</i>		23c. DATE SIGNED <i>2-18-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE Feb. 17, 50		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) - (State) Mexico, Mo.	
DATE REC'D BY LOCAL REG. <i>2-21-50</i>		REGISTRAR'S SIGNATURE <i>Bill Robinson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Earl E. Pugh</i>		ADDRESS <i>Mexico, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 2

District Health Officer No.

District File Number 2-52-2

Date Filed MAR 2 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Paul E. Pugh*

3189

Licensed Embalmer No. ....

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.